

**APPLICATION FOR EMPLOYMENT**  
AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a commercial driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street/PO Box City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Do you have a valid Social Security Number \_\_\_\_\_ Yes \_\_\_\_\_ No  
Area Code

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, work number and best time to call (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
Area Code

Are you prevented from lawfully becoming employed in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected salary: \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal, what days? S M T W T F S

Will you work overtime if required? \_\_ Yes \_\_ No Will you relocate if job requires it? \_\_ Yes \_\_ No Will you travel if job requires it? \_\_ Yes \_\_ No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, disability): \_\_\_\_\_

**EDUCATION**

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, age, disability or national origin.

	High School	College/Technical	Graduate/Professional	
School Name	_____	_____	_____	_____
Dates Attended	_____	_____	_____	_____
Diploma/Degree	_____	_____	_____	_____
Course of Study	_____	_____	_____	_____

Describe specialized training, apprenticeship, skills and extra-curricular activities \_\_\_\_\_

Honors received \_\_\_\_\_

Special Skills acquired from employment or other experience \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (If not attaching a resume, please fill out the following.)

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, age, disability or national origin.

Employer _____ Address _____ Job Title _____ Immediate Supervisor/Title _____ Reason for Leaving _____ May we contact for reference? __Yes__ No__ Later	Telephone _____	Dates Employed From _____ To _____	Summarize the nature of the work performed.
		Hourly Rate/Salary Starting _____ Final _____	
Employer _____ Address _____ Job Title _____ Immediate Supervisor/Title _____ Reason for Leaving _____ May we contact for reference? __Yes__ No__ Later	Telephone _____	Dates Employed From _____ To _____	Summarize the nature of the work performed.
		Hourly Rate/Salary Starting _____ Final _____	

If you need additional space, please continue on a separate sheet of paper.

**References** (If not attaching a resume, please fill out the following.)

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are *not* related to you.

NAME	TELEPHONE	YEARS KNOWN

State any additional information you feel may be helpful to us in considering your application or comments. \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Company. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be made in writing and signed by an authorized representative of the company.

I understand that if you make an offer of employment to me it may be a conditional offer of employment and I may be required to submit to a pre-employment medical exam and to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I will be requested to submit to a drug and alcohol test.

I authorize the Company to make a thorough investigation of my past employment, education and job-related activities. To the extent permitted by law, I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that the Company is an equal opportunity employer and that the Company does not discriminate in employment. I understand that no question on this application is used for the purpose of limited or excluding the Company's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by the Company for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that the Company will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the company and if I still desire to be considered for employment. I understand that it will be necessary for me to complete a new application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date